

TOWN OF SEABROOK
SEWER DEPARTMENT &
WASTEWATER TREATMENT FACILITY
 PO BOX 456 • WRIGHT'S ISLAND • SEABROOK, NH 03874
 PHONE (603) 474-8012 • FAX (603) 474-8014



APPLICATION FOR SEWER SERVICE

DATE: 03/30/2021

APPLICANT / BUSINESS NAME Mark & Elisia Saab

SERVICE ADDRESS 154 Ocean Boulevard

MAP 22 LOT 28 SEQ. _____ ZONING DISTRICT B1 IS LOT IN CURRENT USE? Y / N

MAILING ADDRESS 396 Andover Street CITY Lowell STATE NH ZIP 01852

PHONE 603-380-4444 CELL 603-380-4444 EMAIL markasaab@gmail.com

PROPERTY OWNER (IF DIFFERENT THAN ABOVE) _____ PHONE _____

TYPE OF CONSTRUCTION (CHECK ALL THAT APPLY):

NEW CONSTRUCTION RESIDENTIAL SINGLE-FAMILY RESIDENTIAL MULTI-FAMILY _____

CONDO _____ MOBILE/MANUFACTURED HOME _____ COMMERCIAL _____ INDUSTRIAL _____

OTHER (PLEASE DESCRIBE): _____

BUILDING SIZE (IN SQUARE FEET) 14,285

COMMENTS (IF APPLICABLE PLEASE LIST NO. OF BUILDINGS AND NO. OF UNITS):

FIXTURE COUNT

BATHROOM		KITCHEN		LAUNDRY		Misc			
SHOWER/TUB COMBO	<input type="text" value="5"/>	SINKS	<input type="text" value="13"/>	SINKS	<input type="text" value="2"/>	WASHING MACHINE	<input type="text" value="2"/>	HOSEBIBS	<input type="text" value="6"/>
BATHTUB	<input type="text"/>	TOILETS	<input type="text" value="10"/>	DISHWASHER	<input type="text" value="2"/>	SINKS	<input type="text"/>	BAR SINKS	<input type="text" value="3"/>
SHOWER	<input type="text" value="8"/>	URINALS	<input type="text"/>	OTHER	<input type="text"/>	OTHER	<input type="text"/>	POOL (SIZE)	12,000 gal
OVERSIZED BATHTUB (EX: JACUZZI, SOAKER)	<input type="text" value="1"/>	BIDET	<input type="text"/>					Hot Tub	400 gal

PROPERTY OWNER SIGNATURE

Mark Saab

DATE: 3/30/21

APPLICANT / CORPORATION OFFICER SIGNATURE

DATE:

CORPORATION NAME:

OFFICERS NAME & TITLE (print)

I, MARK SAAB agree that I will not hold the Seabrook Sewer Department
 Property Owner (print)
 responsible for any damages to my property, which may be incurred during, or as a result of the sewer service
 installation.

Mark Saab
 Property Owner or Agent with Power of Attorney (Signature)

AMOUNT PAID \$50 CASH / CHECK # 30831 DATE RECEIVED 4-1-21 BY S.G



House Service Connection Ties

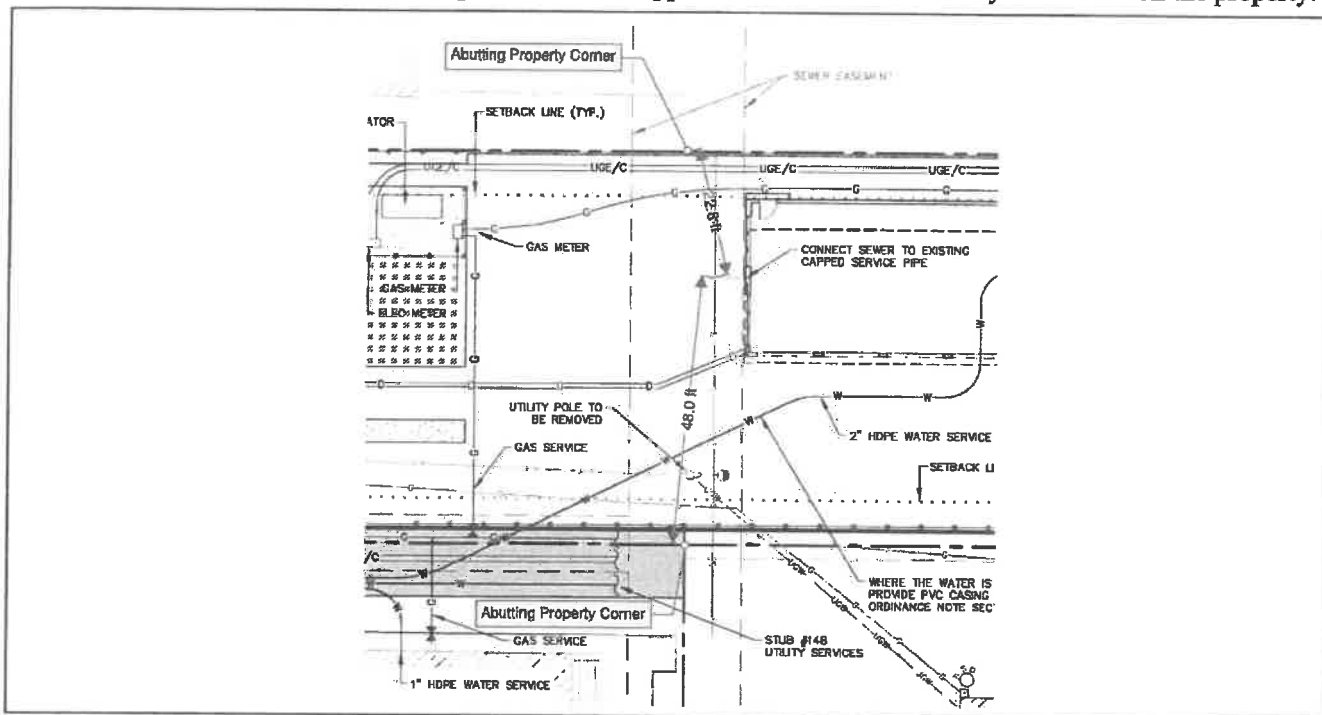
Address: 154 Ocean Boulevard

Map: 22

Lot: 28

Seq:

Please provide a sketch of the service connection with the approximate length. Please indicate the name of the street and a sketch of the house. In addition please show the approximate distances from any water lines on the property:



Connection to Building

The applicant shall provide proper plumbing of building(s), which shall be in compliance with the International Plumbing Code as well as the rules and ordinances of the Town of Seabrook and the State of New Hampshire. The Town of Seabrook shall inspect and certify the plumbing, including the underground piping (before backfilling), prior to connection to the Town of Seabrook's sewer system.

—OFFICE USE ONLY—

GRANTED _____ DENIED _____ DATE _____

Board of Sewer Commissioners

REASON FOR DENIAL: _____

(CHAIRMAN)

[Signature]
 Sewer Superintendent

4/1/2021
 Date

AMOUNT PAID _____ CASH / CHECK # _____ DATE RECEIVED _____ BY _____